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**OHIO DEPARTMENT OF HEALTH (ODH)  
CHOOSE LIFE FUND  
DISTRIBUTION APPLICATION**

**Interested Organizations:** This application is due by June 1, 2016. Use this form to apply for SFY17 (July 1, 2016 to June 30, 2017) Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

**I. ODH and Organization Information.**

<b>Organization</b>	Life Forward, Pregnancy Care of Cincinnati
<b>Federal Tax ID Number</b>	[REDACTED]
<b>Street Address</b>	2415 Auburn Avenue
<b>City, State Zip code</b>	Cincinnati, Oh 45219
<b>County of Location Providing Services (One Application Per Location)</b>	Hamilton
<b>Address where ODH should Direct Payment</b>	2415 Auburn Avenue, Cincinnati Oh 45219
<b>Counties of Service</b> <i>This location serves women from the following counties:</i>	Hamilton, Clermont, Warren, Butler
<b>Name of Person and Title completing application</b>	Steve Stephenson, Director of Development
<b>Area Code/Phone Number</b>	513-487-7777
<b>Email</b>	sstephenson@lifeforwardcincy.org

**II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:**

- A. Is eligible to receive Choose Life Funds as described in RC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;

- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
  - E. Does not charge pregnant women for any services received;
  - F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
  - G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.
- III. Funding available in contiguous and noncontiguous counties:** Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. Organization is eligible to receive Choose Life funds from the counties listed in Section I of this application if there are no eligible organization located within those counties.
- IV. For Current Choose Life Organizations:** By June 1, 2016, you must submit the following with this Application:
- A. One (1) of the following three (3) forms of reporting for the previous year (June 1, 2015 to May 31, 2016) ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
    - 1. An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Statements must verify that the Choose Life funds were used as follows:
      - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
      - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
      - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*
    - 2. Notarized Financial Statement Form. This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
      - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
      - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*

- c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*
3. **Expenditure Tracking Form**. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,
4. **A new Supplier Information Form**. (if Organization has moved).

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

**V. For New Choose Life Organization Applicants:** By June 1, 2016 submit the following:

- One (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed.

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and

- Completed **Supplier Information Form**

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and

- Completed **Authorization Agreement for Direct Deposit of EFT Payments** form (optional).

If the Organization elects EFT payments over paper check payments, then in addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

**VI. By June 1, 2017, all Organizations** shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2016–May 30, 2017).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2017 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5/6/2016

Date



Signature of Person Completing Application

Steve Stephenson, Director of Development \_\_\_\_\_  
[Print Name & Title]

**Application to be submitted to:**

Ohio Department of Health  
Bureau of Maternal and Child Health  
246 North High Street, 6<sup>th</sup> floor  
Columbus, OH 43215  
Attention: Marius Igwe

Phone: 614.466.4634

Email: [Marius.Igwe@odh.ohio.gov](mailto:Marius.Igwe@odh.ohio.gov)

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Life Forward, Pregnancy Care of Cincinnati</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
5 Address (number, street, and apt. or suite no.) <b>2415 Auburn Avenue</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Cincinnati, Ohio 45219</b>	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
<div></div>	<div></div>
OR	
Employer identification number	
<div></div>	

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign  
Here

Signature of  
U.S. person ▶

*Jean R. Masthay*

Date ▶ **5-18-2016**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

# INVOICE

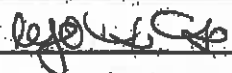
Invoice #: 0105  
Invoice Date: 09/23/2016  
Purchase Order #: DOH01-0000045584  
OAKS Vendor #: 0000050470

Bill To: Ohio Department of Health  
Bureau of Maternal, Child and Family Health  
P.O. Box 118  
Columbus, Ohio 43216

Remit To: Life Forward Pregnancy Care of Cincinnati  
2415 Auburn Avenue  
Cincinnati, Ohio 45219

Quantity	Description	Unit Cost	Amount
1	Provision of Choose Life services for women who are considering adoption.	1	\$1,728.33

Program Approval:



Approval Date:

9/23/16 ok to pay

Grand Total

\$1,728.33

# Purchase Order

Payment Provision: The purchase order number authorizing the delivery of products or services **MUST** be included on the invoice.

## Dept of Health

Supplier:  
0000050470  
LIFE FORWARD PREGNANCY CARE OF  
CINCINNATI  
2415 AUBURN AVE  
CINCINNATI OH 45219

Dispatch via Print

Purchase Order	Date	Revision	Page
DOH01-0000045584	08/30/2016		1
Payment Terms	Freight Terms	Ship Via	
Net 30	FOB Destination, Prepaid	N/A	
Phone	Currency		
KENNON A HUGHES	USD		

Ship To: Dept of Health  
P003574  
KENNON A HUGHES  
P.O. Box 118  
(614) 486-3543  
Columbus OH 43216-0118  
United States

Bill To: Dept of Health  
P.O. Box 118  
(614) 486-3543  
Columbus OH 43216-0118  
United States

Line-Sch	Quantity	UOM	Unit Price	Extended Amt	Due Date
1- 1	1	AMT	1,728.33	1,728.33	
Choose Life Program					

Schedule Total 1,728.33

Item Total 1,728.33

ODH Contact: Marius Igwe 614-486-4634 Contract# 8034

Total PO Amount 1,728.33

The Director of Budget and Management certifies that there is a balance available in the appropriation not already obligated to pay existing obligations in an amount at least equal to the portion of the contract, agreement, obligation resolution or order to be performed in the current fiscal year.

Department Head

Richard Hodges, MPA  
Director of Health

By accepting this purchase order, Vendor hereby certifies that it is in full compliance with ORC Section 3517.13 as it relates to campaign finance contributions.





# OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
[www.odh.ohio.gov](http://www.odh.ohio.gov)

John R. Kasich/Governor

Richard I. Hodges/Director of Health

Steve Stephenson, Director of Development  
Life Forward, Pregnancy Care of Cincinnati  
2415 Auburn Avenue  
Cincinnati, OH 45219

Tax ID: [REDACTED]

Dear Mr. Stephenson:

Thank you for your interest in the Choose Life Program and for your application for the Choose Life funding. Application(s) was approved for the following county(s) in the amount(s) of:

- Hamilton \$ 1,473.33
- Clermont \$ 255.00

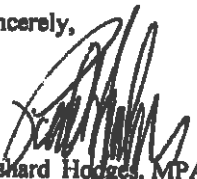
The application(s) was not approved for funding in the following county(s) for the following reason(s):

- Warren Other applicant organization located in county
- Butler Other applicant organization located in county

Enclosed is a copy of the contract as was submitted. You should receive an award totaling \$1,728.33 within the next 30 days.

If you have any questions, please contact the Choose Life Program consultant, Marius Igwe at [Marius.Igwe@odh.ohio.gov](mailto:Marius.Igwe@odh.ohio.gov) or phone 614-466-4634.

Sincerely,

  
Richard Hodges, MPA  
Director of Health